



State of Wisconsin • DEPARTMENT OF REVENUE

INCOME, SALES, AND EXCISE TAX DIVISION • MAIL DROP 232B • 2135 RIMROCK ROAD • MADISON WI 53713 • www.dor.state.wi.us

REQUEST FOR COPY OF TAX RETURN(S)

Wisconsin income tax returns are generally retained for 3 years plus current year & include a federal return & schedules if filed with the Wisconsin return. **(Prepare a separate form for each individual and each type of return.)**

Complete the Request for Copy of Tax Return below.
Send completed form along with payment to:

**Wisconsin Department of Revenue
Mail Drop 232B
PO Box 8903
Madison WI 53708-8903**

Payment at the following rate must accompany request. The charge for the reproduction of a tax return or other document, and/or research of information from non-paper sources (i.e., microfiche, computer) is **\$5.00 per year/period**, or \$6.00 for certified copies. **Make remittance payable to the Wisconsin Dept. of Revenue.**

Name and address of taxpayer(s)/business as shown on return:	Social Security, FEIN, or Permit number(s):
Mail copies to:	Type of information requested: <input type="checkbox"/> Income <input type="checkbox"/> Estate <input type="checkbox"/> Other _____ <input type="checkbox"/> Corporation <input type="checkbox"/> Sales <input type="checkbox"/> W-2 Daytime phone number: _____ () _____
If you need Form W2, please list companies you worked for during the periods requested on back of this sheet.	Tax year(s)/period(s) requested: Are certified copies required? (Add \$1.00 per return/period) <input type="checkbox"/> Yes <input type="checkbox"/> No

Written Signature of Taxpayer (or Authorized Requester)

Date

Please provide a photocopy of your valid drivers license or other picture ID or have your signature notarized in the space below.

If you are not the taxpayer, enclose a copy of your authorization to receive this material. You may submit a properly executed Power of Attorney, Form A-222 as authorization. If the taxpayer is deceased, a certified copy of the domiciliary letter must be submitted if there is an estate. If there is no estate, a death certificate may be submitted instead.

Notary Public – Complete this section for mailed applications.

State of _____)
County of _____) SS

On this the _____ day of _____, 20____, before me, _____
_____, the undersigned officer, personally appeared _____
_____, known to me (or satisfactorily proven) to be the person whose name is
subscribed to the within instrument and acknowledge that he/she executed the same for the purpose therein contained.

IN WITNESS WHEREOF I hereunto set my hand and official seal.

(SEAL)

Notary Public _____ County _____ State _____